

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 745731 (0)**

1. Corporation Name

**LA JOLLA 200 HOME OWNERS ASSOCIATION, INC.**

Principal Place of Business

**1901 SW 29 TERRACE  
OCALA FL 34474  
US**

Mailing Address

**1901 S.W. 29TH TERRACE  
OCALA FL 34474  
US**



3. Date Incorporated or Qualified  
**01/26/1979**

3a. Date of Last Report  
**04/03/1995**

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip Country

**24** Zip Country

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip Country

**29** Zip Country

4. FEI Number  
**59-1982300**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**GARRISON, GEORGE  
1803 S.W. 29TH TERRACE  
OCALA FL 34474**

10. Name and Address of New Registered Agent

**81** Name

**82** Street Address (P.O. Box Number is Not Acceptable)

**83**

**84** City

**FL** **85** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE  
NAME **GARRISON, GEORGE**  
STREET ADDRESS **1803 S.W. 29TH TERRACE**  
CITY-ST-ZIP **OCALA FL**

TITLE **VD** ☒ DELETE  
NAME **WYCKOFF, MARGARET**  
STREET ADDRESS **1912 S.W. 29TH TERRACE**  
CITY-ST-ZIP **OCALA FL**

TITLE **SD** ☒ DELETE  
NAME **SCHLENKER, AMY**  
STREET ADDRESS **1920 SW 29TH TERR**  
CITY-ST-ZIP **OCALA FL**

TITLE **TD** ☒ DELETE  
NAME **FOUNTAIN, LOIS**  
STREET ADDRESS **1717 SW 29TH TERR**  
CITY-ST-ZIP **OCALA FL**

TITLE **D** ☒ DELETE  
NAME **FISHER, CHRIS**  
STREET ADDRESS **1914 S.W. 29TH TERRACE**  
CITY-ST-ZIP **OCALA FL**

TITLE **D** ☐ DELETE  
NAME **MONCURE, DEBBIE**  
STREET ADDRESS **5900 S.E. 52ND AVENUE**  
CITY-ST-ZIP **OCALA FL**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME **TD**  
2.3 STREET ADDRESS **RODEWALD, KEITH**  
2.4 CITY-ST-ZIP **1806 SW 29TH TERRACE**  
**OCALA FL**

3.1 TITLE ☐ Change ☒ Addition  
3.2 NAME **D**  
3.3 STREET ADDRESS **WYCKOFF, MARGARET**  
3.4 CITY-ST-ZIP **1912 SW 29TH TERRACE**  
**OCALA FL**

4.1 TITLE ☐ Change ☒ Addition  
4.2 NAME **SD**  
4.3 STREET ADDRESS **LUCIANO, BETTY**  
4.4 CITY-ST-ZIP **1807 SW 29TH TERR**  
**OCALA FL**

5.1 TITLE ☐ Change ☒ Addition  
5.2 NAME **D**  
5.3 STREET ADDRESS **SPOSATO, GENE**  
5.4 CITY-ST-ZIP **1902 SW 29TH TERRACE**  
**OCALA FL**

6.1 TITLE ☒ Change ☐ Addition  
6.2 NAME **VD**  
6.3 STREET ADDRESS **5900 SW 42ND AVE**  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*George W. Garrison* **GEORGE W. GARRISON**

**4-24-96 352-237-8534**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone

CR2E037 (12/95)